

**PRIVATE CHILD PLACING AGENCY
SPECIALIZED FOSTER CARE REQUEST COVER SHEET**
Michigan Department of Human Services

PRIVATE AGENCY NAME

Private Agency Case Manager

Name _____ Address _____	Phone Number _____ Email Address _____
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Private Agency Contact Person (if different than case manager)

Name _____ Address _____	Phone Number _____ Email Address _____
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Local Office Monitor

Name _____ Address _____	Phone Number () _____ Email Address _____	Load Number _____
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Local Office Supervisor

Name _____ Address _____	Phone Number () _____ Email Address _____
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Child Information

Name _____ County of Placement _____	Case Number _____ Date Request Submitted _____	Date of Birth _____
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Required Attachments

<input type="checkbox"/> Brief Narrative (Description of child's current presenting behaviors which support the scoring on the CANS tool and the service the private agency will be providing to address the presenting behaviors)
<input type="checkbox"/> Age appropriate Child Assessment of Needs and Strengths (CANS) completed no earlier than thirty calendar days prior to the date of the date of the request.
<input type="checkbox"/> Initial Service Plan (ISP) if the child has been in care 30 days or more
<input type="checkbox"/> Most current Updated Service Plan (USP) if the child has been in care 120 days or more
<input type="checkbox"/> Optional: Other documentation that the private provider believes may support their request for Specialized Foster Care Services.

Signature _____ _____ _____	Date _____ _____ _____
Print Name _____ _____ _____	Date _____ _____ _____

Department of Human Services (DHS) will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, height, weight, marital status, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you are invited to make your needs known to a DHS office in your area.